

Santiago Garces, Executive Director

NEIGHBORHOOD SERVICES & ENFORCEMENT

Payoff Request

This document is to be used only to provide payoff information and may not be altered or used for any other purpose. For all other requests, a standard Access to Public Records Request form must be used.

Mailing Address:	
Phone #:	Fax #:
mail Address:	Date of Request:
Payoff Request for Invoices and/or Fines (Tid	ckets) Owed by:
☐ Owner Name:	
Property Address(es) Owned:	
	is Property? □ Yes or □ No
* This option is what is typically	y requested or needed in the event of a property sale or transfer.
lail, Email, or Fax Completed Form to: Neighborhood Services & Enforcement 1300 County-City Building	
227 W. Jefferson Blvd.	Email: CodeEnforcementBilling@southbendin.gov
South Bend, IN 46601-1830	Fax: (574) 235-7703
	INTER OFFICE USE ONLY
mployee HandlingRequest:	
ate Received:	Date Completed: